

The mental health of men and boys



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- Almost three quarters of people who kill themselves are men.
- 73% of adults who “go missing” are men.
- 90% of rough sleepers are men.
- Men are three times more likely than women to become alcohol dependent (6% of men are alcohol dependent compared to 2% of women).
- Men are more than twice as likely to use Class A drugs (4.8% compared to 2% of women) and 79% of drug-related deaths occur in men.
- Men make up 94% of the prison population. 72% of male prisoners suffer from two or more mental disorders.
- Twice as many male inpatients are detained and treated compulsorily.
- Men have lower social support from friends, relatives and community.
- Men commit 87% of violent crime (and twice as likely to be victims).
- Over 80% of children permanently excluded from school are boys.
- Boys are performing less well than girls at all levels of education.

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Starting point - some assumptions:

- The mental health of some men is not as good as it might be.
- Some men may fail to recognise or act on warning signs.
- Some men may be unwilling or unable to seek help.
- Some men may choose unwise coping strategies.
- Men may be more likely to lack some of the known precursors of good mental health.

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The relevance of gender to mental health:

- Gender is a basic determinant of our “sense of self”
- Gender helps define the range of “normal” behaviours
- Gender colours the way people are viewed by others
- Gender is an important element in many formative personal experiences
- Gender is a defining component of some of our most important relationships

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Untold Problems

Examples of themes emerging:

- Simply being male could – and should - be seen as a primary risk factor for several specific mental health problems.
- Many men who need help may not say so, and some may come to notice in ways that do not encourage a sympathetic response.
- Boys are falling behind in education.

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“ men often have mental health needs that are distinct from those of women and which are particularly associated with the lived experience of being male. Some of these needs are not being met as effectively as they might. ”

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Delivering Male

- Ideas for practice should be realistic, practical and achievable
- Ideas for practice should be aligned with existing and emerging national policy
- Suggestions for new ways of working should be capable of implementation at local or national level without requiring additional funding

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Delivering Male

Consultation process included:

- Expert Advisory Panel
- “Have Your Say” pages online
- Series of focus groups around the country
- Meetings with special interest organisations
- Free consultative conference at Reading University

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Delivering Male

Chapters arranged along a “continuum”:

1. Male beliefs, attitudes and behaviours
2. Helping men and boys to maintain and improve mental health
3. Identifying and supporting men and boys in mental distress
4. Supporting men and boys with diagnosed mental health problems living in the community
5. Supporting male inpatients

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Delivering Male

The seven “Big Ideas”

- Treating men as individuals
- Inter-agency working in the early years
- Stigma
- Promoting services
- The role of third parties
- Joined-up approach
- Professional training and an improved knowledge-base

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